



Complete Summary

GUIDELINE TITLE

Guideline for hospitalization for low back pain.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guideline for hospitalization for low back pain. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 4 p.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Low back pain

GUIDELINE CATEGORY

Evaluation
Management
Treatment

CLINICAL SPECIALTY

Emergency Medicine
Family Practice
Internal Medicine
Neurology
Orthopedic Surgery
Physical Medicine and Rehabilitation

INTENDED USERS

Health Care Providers
Health Plans
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To present guidelines for hospitalization for medical management of low back pain in the injured worker

TARGET POPULATION

The injured worker with low back pain

INTERVENTIONS AND PRACTICES CONSIDERED

1. Classifying patients with low back pain into one of three groups
2. Performing preadmission evaluation and treatment (outpatient and emergency department settings) based on clinical features (e.g., advanced imaging studies, trial of oral pain medication, assessing ability to perform activities of daily living)
3. Utilizing hospital admission criteria (looking at neurologic deficits, assessing ability to perform activities of daily living, and consulting with attending physician)
4. Post-admission management (immediate discharge planning; assessing ability to perform activities of daily living; pharmacologic pain management, including opiates, nonsteroidals, and antidepressants; physical therapy; management of neurological deficits; diagnostic imaging, physician consultations, and surgical planning)

MAJOR OUTCOMES CONSIDERED

- Rate and duration of hospitalization of patients with low back pain
- Ability of the patient to perform activities of daily living

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Classification of Patients with Low Back Pain

Group 1: Acute Major Back Trauma is Suspected

Group 2: Acute Major Back Trauma Not Suspected; Patient has Neurologic Findings Suspected to be Acute or Progressive

Group 3: Acute Major Back Trauma Not Suspected; Patient has Back Pain without Evidence of Acute or Progressive Neurologic Findings

Recommendations

Clinical Features

Group 1: Acute Major Back Trauma is Suspected

A. Back injury occurred within the past 7 days.

AND

B. A major trauma was sustained (e.g., fall from a height or back crushed by heavy object).

AND

C. Examining physician documents or suspects acute spinal fracture, spinal cord injury, or nerve root injury.

Preadmission Evaluation and Treatment

Individualized

Hospital Admission Criteria

Individualized

Post-Admission Management

Individualized

Clinical Features

Group 2: Acute Major Back Trauma Not Suspected; Patient Has Neurologic Findings Suspected to be Acute or Progressive

A. No history of recent major injury

AND

B. Patient complains of symptoms suggesting acute or progressive neurologic deficit.

Typically these include:

1. Progressive weakness or numbness in one leg (and occasionally both legs)

OR

2. Loss of control of bowel or bladder function

OR

3. Progressive numbness in the perineal region

AND

C. The examining physician indicates that the patient has (or probably has) an acute or progressive neurologic deficit.

Preadmission Evaluation and Treatment

A. Outpatient setting:

Evaluation and treatment is individualized.

B. Emergency Department setting:

1. Advanced diagnostic imaging may be indicated when a patient in Group 2 comes to the Emergency Department.
2. An attempt to reach the patient's attending physician should always be made before an emergency department MD decides to order advanced imaging studies. (The attending physician is in the best position to evaluate the patient's clinical presentation and judge the usefulness of imaging studies.)
3. If an imaging study is done and does NOT demonstrate an acute lesion for which surgery is indicated, the patient should be managed like a patient in Group 3. The patient should be discharged unless he/she is unable to perform activities of daily living (ADLs) at home.

Hospital Admission Criteria

A. If a patient has a new or progressive neurologic deficit, he/she may be hospitalized in order to facilitate surgical decision-making, to provide close observation of further progression, or to help the patient compensate for neurological deficits (e.g., to determine whether the patient needs to learn intermittent catheterization).

- B. If a patient does NOT have a new or progressive neurologic deficit, he/she should be treated like a patient in Group 3. The only valid reason for hospitalization is that he/she cannot manage basic ADLs at home.
- C. If a patient is admitted through an emergency department, the decision to admit should be made with the concurrence of the attending physician, unless the attending physician cannot be reached.

Post-Admission Management

- A. Duration of hospitalization should be brief. The great majority of Group 2 patients who are admitted to a hospital can be discharged in 1 to 3 days (if spine surgery is not performed).
- B. Treatment Plan Goals
 - 1. General Strategy - It is crucial to assess the patient's ability to perform ADLs and to identify environmental barriers to return home.
 - a. An assessment of these factors should begin immediately upon admission. A list of barriers to discharge should be noted in the patient record.
 - b. The ability of the patient to perform ADLs should be measured serially (e.g., can the patient ambulate to the bathroom?).
 - c. Discharge planning should begin immediately; for example, the patient's significant other should be contacted and problem solving should be undertaken regarding practical problems such as the ability to get food and ambulate to the bathroom in the home.
 - 2. Pain Management - Review potential to benefit from nonsteroidals, antidepressants, opiates. NOTE: The Department of Labor and Industries does not cover epidural or intrathecal administration of opiates except in the perioperative period.
 - 3. Management of Neurologic Deficits - A patient may need help with bladder catheterization or may need a brace for his/her leg.
- C. Diagnostic Imaging, Physician Consultants, and Surgical Planning - Individualized
- D. NOTE: Prolonged bed rest usually does more harm than good in a patient with low back pain. Admission for the purpose of bed rest is not acceptable.

Clinical Features

Group 3: Acute Major Back Trauma Not Suspected; Patient Has Back Pain without Evidence of Acute or Progressive Neurologic Findings

- A. No history of recent major trauma

AND

- B. Patient complains of back pain with or without symptoms in the legs. Occasionally patients will complain mainly of symptoms in the legs but the evaluating physician concludes that symptoms are not caused by lumbar radiculopathy

AND

- C. No evidence of acute or progressive neurologic deficit

Preadmission Evaluation and Treatment

- A. When the attending physician initiates hospitalization from an outpatient setting:
 - 1. The attending physician must document that he/she has given the patient an adequate trial of oral medication to control pain and that the patient has made a genuine attempt to manage ADLs at home.
- B. When hospitalization is initiated from an emergency room:

NOTE: Most admissions for back pain start with an injured worker going to the emergency department.

- 1. Advanced imaging is RARELY indicated. Advanced imaging should be ordered ONLY with the concurrence of the patient's attending physician.

Hospital Admission Criteria

- A. The only valid reason for hospitalizing a patient is that he/she cannot manage basic ADLs at home. Example, the patient lives alone and is unable to get to the bathroom.
- B. If a patient is admitted through the emergency department, the decision to admit should be made with the concurrence of the attending physician, unless the attending physician cannot be reached.

Post-Admission Management

- A. Duration of hospitalization should be brief. The great majority of Group 3 patients who are admitted to a hospital can be discharged in less than 24 hours.
- B. Treatment Plan Goals
 - 1. General Strategy - It is crucial to assess the patient's ability to perform ADLs and to identify environmental barriers to return to home.
 - a. An assessment of these factors should begin immediately upon admission. A list of barriers to discharge should be noted in the patient record.
 - b. The ability of the patient to perform ADLs should be measured serially (e.g., can the patient ambulate to the bathroom?).
 - c. Discharge planning should begin immediately; for example, the patient's significant other should be contacted and problem solving should be undertaken regarding practical problems such as the ability to get food and ambulate to the bathroom in the home.
 - 2. Pain Management - Review potential to benefit from nonsteroidals, antidepressants, opiates. NOTE: The Department of Labor and Industries does not cover epidural or intrathecal administration of opiates except in the perioperative period.
Physical Activity - The patient should receive aggressive physical therapy at least twice per day.
 - 3. Diagnostic Imaging and Physician Consultants

- a. These rarely need to be done while a patient is in the hospital.
 - b. The patient's hospital stay should not be prolonged simply to facilitate imaging or consultation while he/she is still in the hospital. The patient should be discharged as soon as he/she is able to manage basic ADLs. Imaging and consultation can be done as an outpatient.
- C. NOTE: Admission for the purpose of bed rest or traction alone is not acceptable.
- D. A patient should not be admitted to a hospital that does not have the capacity to assess ADLs, develop a treatment plan, and provide physical therapy within the first 24 hours.

CLINICAL ALGORITHM(S)

An algorithm is provided for the classification of patients with low back pain in the original guideline document.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Reduction in the rate of hospitalization for the medical management of low back pain
- Appropriate management of patients with low back pain who are able to perform activities of daily living (ADL)

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to

injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.

- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

All of the surgical guidelines established by Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the [Washington State Department of Labor and Industries Web site](#)). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance imaging [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guideline for hospitalization for low back pain. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 4 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1998 Jun (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Guidelines for hospitalization for low back pain. Olympia (WA): Washington State Department of Labor and Industries; 1999 Jun.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

The following is also available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 24, 1999. The information was verified by the guideline developer on October 17, 1999. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004.

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